

Foster Family Home - Corrective Action Report

Provider ID: 1-568032

Home Name: Wilson Verdadero, CNA

Review ID: 1-568032-9

576 Ulumalu Street

Reviewer: Julie Hastings

Kailua HI 96734

Begin Date: 9/8/2020

Foster Family Home

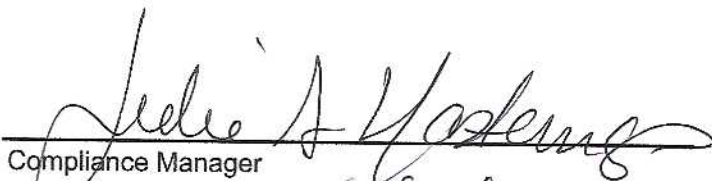
Required Certificate

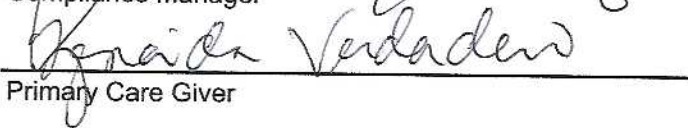
[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1)-Annual inspection conducted for this 3 bed home.
Home is in compliance with all reviewed HARS


Compliance Manager


Primary Care Giver


Date


Date